



Tidewater EMS Council, Inc.
Operational Medical Directors Committee
Minutes –December 13th, 2018 12:00pm

Attendance

Name	Agency/Representing	Attended
Stewart Martin, MD	VBEMS/ Chairperson	x
Stephen M. Skrip, MD	MTI /Airport	
Theresa Guins, MD	CHKD	
Jim Burhop, MD	CHKD	
Steve Skinner, MD	Franklin/ Southampton	
Barry Knapp, MD	Norfolk Fire-Rescue	
Rene Morcion	Reliance Medical Transport	
Carl Wentzel, MD	Suffolk Fire and Rescue	x
Manuel Armada, MD	TCC	
Don Byars, MD	Portsmouth Fire and Rescue	x
Ed McLaughlin, MD		
Paul Roszko	Navy	
Christopher Foley, MD	CHKD	
Jamil Kahn, MD	CHKD	
Joe Lang, MD	Portsmouth Fire and Rescue	
Joel Michael, MD	IOW, NSVRS	x
Lewis Siegel, MD	Chesapeake Fire	x
Lori Givonetti, MD	Nightingale	
Mike Bono, MD	Special Events	
Paul Holata, MD	Norfolk Fire-Rescue EMT-I	
Forrest Winslow	Chesapeake Fire	x
Thomas Schwalenberg	Chesapeake Fire	x
Meg Eason, MD	CHKD	
Kathryn Funk	Bon Secours Neuro	
Ray Willet	Suffolk Fire	x
David Long	TEMS	
Mike McMahan	TEMS	x
Christopher Payne	Navy Fire	
David Coulling	TEMS	

Welcome and Introductions

- Dr. Stewart Martin, called the meeting to order; approval of 9/2018 meeting minutes and introductions were made.
- Meeting did not have quorum due to distance from TEMS (PEMS Office).

Old Business:

- RACE Score
 - CFD has been performing RACE score on patients (does not yet impact destination decision)
 - Need to work out details of determining where to transport patients (what happens if receiving facility already has LVO patient)
- Pulsara
 - CRMC is going live with Pulsara in January 2019
 - This will provide good trial for region
 - Pulsara attempting to move into other facilities within region
- Handtevy
 - TEMS waiting for official word from state office, but they have received the document
- Combative Patient Protocol
 - Standardize versed/Haldol dosages with lower initial dosage
 - Titrate dosage to desired effect
 - Agreed to change versed and Haldol dosages to Handtevy recommendations (2.5 mg for versed and 5 for Haldol)
 - Move ketamine from combative patient protocol to pain management

New Business:

- Education Workgroup Update
 - Protocol changes brought to OMDs (favored by those at meeting, but did not have quorum):
 - Add Lidocaine as a secondary anti-arrhythmic.
 - Add Albuterol dose to be 2.5 mg across all ages

- Add Magnesium Sulfate to pediatric cardiac arrest protocols.
 - Add Magnesium Sulfate for pediatric respiratory and stable tachycardia
 - Change workflow to a 100 mL NS bag and only add the 50 mg/kg to the bag and infuse the entire volume over 5 minutes.
 - Make all IV doses of Midazolam 2.5 mg for all protocols.
 - Change Naloxone initial dose is 0.1 mg/kg IN to the amount of 1 mg with the option to repeat the dose.
 - Change the infusion rate to 10 minutes for Amiodarone for all protocols.
 - Reduce Glucagon dose to 0.5 mg for patients less than 5 y.
 - Edit concentration of Atrovent to be 0.5mg/2.5mL (Concentration is printed incorrectly)
 - Add Pediatric dose for Calcium Chloride 20mg/kg to cardiac protocols.
 - D10 0.5 grams/kg (5ml/kg) across all protocols, including adults.
 - Remove lower doses of D10 from neonates.
 - Change Levophed dose to 2-12mcg/min for all protocols.
 - Add push pressors for severe anaphylaxis and peri-arrest patients.
 - 1:100,000 Epi IV. Use 1 mL of 1mg/10mL Epi and add 9mL of NS to dilute to 0.1mg/10mL for IV push 1 mL/min to titrate to effect.
 - Reduce dose of IM Haldol to 5mg for adults.
 - Add Ketamine 0.2 mg/kg IV (up to 20mg) or 0.5mg/kg IN to the pain protocol.
- PI Committee Update
 - TEMS Regional STEMI Plan was updated and approved by state

Meeting Schedule for 2019

- Dates: 3/12/19, 6/11/19, 9/10/19, 12/10/19
- All dates are second Tuesday of the month

Meeting adjourned at 15:30

Announcements / Dates to Remember – please visit www.tidewaterems.org. Please contact Mike McMahon at mcmahon@vaems.org with any changes to your contact information.

The next meeting of the TEMS Operational Medical Directors Committee meeting is scheduled for March 12th, 2019.
Noon meeting time
Location TBD